

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE	
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS	
						<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	
IN COUNTY OF WARREN		IN CITY		LEBANON		DATE OF CRASH: 4/16/14		DAY: WED	
CRASH OCCURRED ON		WITHIN THE INTERSECTION OF				TIME: MILITARY		1100	
IF NOT IN INTERSECTION		N		E		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE	
MILES		FEET		W		S		OF	
LOG-1		LOG-2		LOC JUR FH9 FILT					
A	UNIT NO. 1	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				HIT & RUN NON-CONTACT		INSURANCE CO OR AGENT	
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS				PHONE			
VEH YR		MAKE		MODEL		COLOR		STYLE	
STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR		FROM TO	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION	
				<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE								<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 2	NO OF OCCUPANTS 0		OPERATING		PARKED		DRIVERLESS HIT & RUN NON-CONTACT	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				INSURANCE CO. OR AGENT		Nationwide	
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.	
513-933-9889		04/04/25		89		F		OH	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS				PHONE			
Virginia T. Booth		735 Holbrook Ave Lebanon, OH				SAME			
VEH YR		MAKE		MODEL		COLOR		STYLE	
2001		Buick		LeSabre		Grey		4Dr	
STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR		FROM TO	
OH		DDF 1468				W		E	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION	
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE								<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION	
		ADDRESS		PHONE		SEX		A B C D E F	
D.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F	
		ADDRESS		PHONE		SEX			
E		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F	
		ADDRESS		PHONE		SEX			
F.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F	
		ADDRESS		PHONE		SEX			
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS	
D E F								1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL	
D E F								1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
A		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		EJECTION		DRUGS	
O		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME	
0958		1000		1000		1047		0	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY	
7/1/14		YES NO		P. Brock		126			

LOCAL FILE NO

2014-6557